

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAR 13 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

6540

1. PLACE OF DEATH

County Jackson

Registration District No.

Township

Primary Registration District No.

City Kansas City, Mo.

St. St. Lukes Hosp

File No.

Registered No.

St. Ward)

2. FULL NAME

Joshua Lloyd

(a) Residence, No. Osage City, Kansas St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

June 15, 1869

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

67

8

5

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

retired farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

own farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Emporia Kansas

MOTHER FATHER

13. NAME

William Lloyd

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Wales, Eng.

15. MAIDEN NAME

Mary Ann Davis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Wales, England

17. INFORMANT (ADDRESS)

Mr. Ella Parkhurst 1419 - 5 - 23 St.

18. BURIAL, CREMATION, OR REMOVAL

Place Osage City, Ks.

DATE Feb 22, 1937

19. UNDERTAKER (ADDRESS)

James H. Jones Kansas City, Kansas

20. FILED

2-20-1937 J. M. M. Kansas

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Feb 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Feb 14, 1937

to

Feb 20, 1937

I last saw him alive on Feb 20, 1937. Death is said

to have occurred on the date stated above, at 8:22 A.M.

The principal cause of death and related causes of importance were as follows:

Arterial hypertension
Arterio sclerosis

Date of onset
1920
1920

Other contributory causes of importance:

Cardiac asthma
Generalized atherosclerosis

1936
1936

Name of operation none

Date of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) P. T. Bohan M. D.

(Address) 906 Med Arts Bldg K.C. Mo.

